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10/607746  
06/27/03

UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	HVCC.89175
	Express Mail No.	EL375171744US

<b>TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  <b>Inventor(s):</b> PANTELLERIA, Joseph A.  <b>Title:</b> RECLOSABLE ALL-PAPER SPOUT	CUSTOMER NO. 05251 BAR CODE LABEL HERE   <b>05251</b> PATENT TRADEMARK OFFICE
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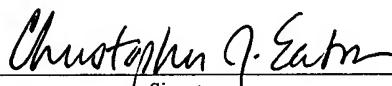
Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)
11	pages of specification including abstract
2	sheet(s) of drawings
<input type="checkbox"/>	an assignment of the invention to:
<input type="checkbox"/>	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input type="checkbox"/> Copied from a prior application (for contin/div)
<input checked="" type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input type="checkbox"/>	small entity status is claimed.
<input type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.
<input checked="" type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/392,696
<input type="checkbox"/>	Other:

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no.
Prior application information:		Examiner:	Group Art Unit:

CLAIMS AS FILED				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 750	\$ 750
TOTAL CLAIMS	20 - 20 =		X \$ 18	\$
INDEPENDENT CLAIMS	3 - 3 =		X \$ 84	\$
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 280	\$
* Number extra must be zero or larger			TOTAL	\$ 750
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$
<input type="checkbox"/> Assignment recordal fee enclosed				\$
TOTAL DUE				\$ 750
<input checked="" type="checkbox"/> A check in the amount of \$ 750.00 to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.				
<input type="checkbox"/> Charge the amount of \$ as filing fee.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing fees required under 37 CFR 1.16 and 1.17.				

  
 Signature

6/27/03  
 Date

Name: Christopher J. Eaton, Reg. No.: 51,143